



Final Regulation Agency Background Document

Agency name	Board of Physical Therapy - Department of Health Professions
Virginia Administrative Code (VAC) citation	18 VAC 112-20-10 et seq.
Regulation title	Regulations Governing the Practice of Physical Therapy
Action title	Periodic review
Document preparation date	

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The board is recommending amendments to its regulations for the licensure of physical therapists and physical therapist assistants in order to clarify and update educational, examination and practice requirements. Substantive changes include: the elimination of the prohibition on licensure after six failed attempts to pass the national examination; inclusion of a requirement for additional clinical training or course work to sit for the examination after three failures; and acceptance of documentation of active practice for seven years with an unrestricted license if the examination taken for initial licensure is not identical to the examination required in Virginia.

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

On May 7, 2004, the Board of Physical Therapy adopted final amended regulations for 18 VAC 112-20-10 et seq., Regulations Governing the Practice of Physical Therapy.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter numbers, if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility of the Board of Physical Therapy to promulgate regulations, levy fees, administer a licensure and renewal program, and discipline regulated professionals.

§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification and licensure.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*
- 7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate or license which such board has authority to issue for causes enumerated in applicable law and regulations.*
- 8. To appoint designees from their membership or immediate staff to coordinate with the Intervention Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.*

9. *To take appropriate disciplinary action for violations of applicable law and regulations.*
10. *To appoint a special conference committee, composed of not less than two members of a health regulatory board, to act in accordance with § 9-6.14:11 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final thirty days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the thirty-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 9-6.14:12, and the action of the committee shall be vacated. This subdivision shall not be construed to affect the authority or procedures of the Boards of Medicine and Nursing pursuant to §§ 54.1-2919 and 54.1-3010.*
11. *To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 9-6.14:12, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 9-6.14:11 shall serve on a panel conducting formal proceedings pursuant to § 9-6.14:12 to consider the same matter.*
12. *To issue inactive licenses and certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of such licenses or certificates.*

Chapter 34.1 of Title 54.1 sets forth statutory provisions for the licensure and practice of physical therapists, excerpts of which are listed below:

§ 54.1-3473. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Physical Therapy.

"Physical therapist" means any person licensed by the Board to engage in the practice of physical therapy.

"Physical therapist assistant" means any person licensed by the Board to assist a physical therapist in the practice of physical therapy.

"Practice of physical therapy" means that branch of the healing arts that is concerned with, upon medical referral and direction, the evaluation, testing, treatment, reeducation and rehabilitation by physical, mechanical or electronic measures and procedures of individuals who, because of trauma, disease or birth defect, present physical and emotional disorders. The practice of physical therapy also includes the administration, interpretation, documentation, and evaluation of tests and measurements of bodily functions and structures within the scope of practice of the physical therapist. However, the practice of physical therapy does not include the medical diagnosis of disease or injury, the use of Roentgen rays and

radium for diagnostic or therapeutic purposes or the use of electricity for shock therapy and surgical purposes including cauterization.

§ 54.1-3474. Unlawful to practice without license; continuing competency requirements.

- A. It shall be unlawful for any person to practice physical therapy or as a physical therapist assistant in the Commonwealth without a valid unrevoked license issued by the Board.*
- B. The Board shall promulgate regulations establishing requirements to ensure continuing competency of physical therapists and physical therapist assistants, which may include continuing education, testing, or such other requirements as the Board may determine to be necessary.*
- C. In promulgating continuing competency requirements, the Board shall consider (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.*
- D. The Board may approve persons who provide or accredit programs to ensure continuing competency.*

§ 54.1-3477. Requirements for licensure as a physical therapist.

An applicant for licensure as a physical therapist shall submit evidence, verified by affidavit and satisfactory to the Board, that the applicant:

- 1. Is eighteen years of age or more;*
- 2. Is a graduate of a school of physical therapy approved by the American Physical Therapy Association or is a graduate of a school outside of the United States or Canada which is acceptable to the Board; and*
- 3. Has satisfactorily passed an examination approved by the Board.*

§ 54.1-3478. Requirements for licensure as a physical therapist assistant.

An applicant for licensure as a physical therapist assistant shall submit evidence, verified by affidavit and satisfactory to the Board, that the applicant:

- 1. Is eighteen years of age or more;*
- 2. Is a graduate of a two-year college-level education program for physical therapist assistants acceptable to the Board; and*
- 3. Has satisfactorily passed an examination approved by the Board.*

§ 54.1-3479. Licensure by examination or endorsement; traineeships.

- A. The Board shall provide for the examinations to be taken by applicants for licensure as physical therapists and physical therapist assistants. The Board shall, on the basis of such examinations, issue or deny licenses to applicants to practice physical therapy or perform the duties of a physical therapist assistant. Any applicant who feels aggrieved at the result of his examination may appeal to the Board.*
- B. The Board, in its discretion, may issue licenses to applicants upon endorsement by boards of other appropriate authorities of other states or territories or the District of Columbia with which reciprocal relations have not been established if the credentials of such applicants are satisfactory and the examinations and passing grades required by such other boards are determined to be equivalent to those required by the Virginia Board.*
- C. The Board, in its discretion, may provide for the limited practice of physical therapy by a graduate physical therapist or physical therapist assistant enrolled in a traineeship program as defined by the Board under the direct supervision of a licensed physical therapist.*
- D. In granting licenses to out-of-state applicants, the Board may require physical therapists or physical therapist assistants to meet the professional activity requirements or serve traineeships according to regulations promulgated by the Board.*

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

With the creation of an independent Board of Physical Therapy in 2000, the regulations that had been in effect under the Board of Medicine were adopted by the new board with only minor revisions. With three years of experience in applying these regulations, the Board has determined that some of its requirements need to be more consistent with national standards in the practice of physical therapy, need to be clarified to facilitate compliance by licensees, or need to be modified to reduce the burden of compliance.

For example, there have been questions as to whether “active practice,” which is required to maintain a license, could include non-clinical duties related to physical therapy. By defining the term to be more inclusive, it will be less burdensome for active practitioners and those seeking licensure by endorsement. Persons seeking licensure by endorsement, who would otherwise not qualify under current regulations, may be able to become licensed based on years of experience without disciplinary action. Persons seeking licensure by examination, who have failed the national examination at least six times, are not denied the opportunity to become licensed if they complete remediation and ultimately pass the examination.

While the practice and referral requirements are largely set out in the Code of Virginia, which was amended by the 2003 General Assembly, the Board has identified several areas in which amendments would be clarifying or necessary for consistency with current standard of care. From patient evaluation to supervision, the Board has attempted to clarify that the role of the physical therapist should be to evaluate the patient, have ongoing involvement in the care of a patient, continuous communication with an assistant about the treatment of a patient, and ultimate responsibility for such care and treatment. Amendments proposed by the Board are intended to improve access to physical therapy by patients in Virginia and to more specifically state the appropriate responsibility of the PT and the PTA in the care of a patient consistent with the goal of protecting the health, safety and welfare of the public. Regulations that are more specific about the role and responsibility of the physical therapist to evaluate a patient, plan for his treatment and remain involved in his care will better ensure that patients are receiving appropriate treatment by qualified licensees.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the “All changes made in this regulatory action” section.

Substantive changes to sections of these regulations include:

Definitions: A revised definition of “active practice” will expand the scope of that term to include non-clinical physical therapy related activities and to reduce confusion by specifying the active practice means 160 hours within the 24 month period preceding renewal. Other revised definitions to clarify the responsibility and scope of “direct supervision”, an “evaluation” and the practice of “support personnel.”

Licensure requirements: Graduates of non-approved programs outside the U.S. are currently required to have certification from the FCCPT, which requires passage of the TOEFL and the TSE examinations. To ensure that foreign-trained graduates of approved PT programs and applicants for licensure as a PTA can adequately communicate with their patients, the Board proposes to require the TSE in addition to the TOEFL.

The prohibition on licensure for anyone who fails the national examination six times has been eliminated. Instead, an applicant who fails three times must submit evidence of successfully completing clinical training or course work in the areas of deficiency prior to being approved to try the examination for a fourth time.

Requirements for licensure by endorsement have been restated to allow an applicant to be licensed if he can show proof of passing an examination required by another state at the time of initial licensure and active practice for at least seven years. In current regulations, the examination requirements for endorsement are confusing; in one place it requires the applicant to pass an examination equivalent to the examination required in Virginia at the time of initial licensure (which may be a state exam), and in another place, it requires passage of the national examination.

Practice requirements: The responsibility of the physical therapist to perform the initial evaluation and periodic reevaluations prior to discharge is clearly stated to avoid confusion and assist therapists and assistants in their understanding of their appropriate roles in the care and treatment of patients. Physical therapist assistants may perform components of physical therapy, but the PT is fully responsible for the evaluation and overall care of the patient and for having ongoing involvement in the patient’s care. Current regulations state the responsibility of the therapist to communicate with the referring doctor, but the revised regulations expand that responsibility to include communication with the patient or his legally authorized representative and the assistant, as well as other referring practitioners, including nurse practitioners and physician assistants.

The supervisory responsibilities of physical therapists and physical therapist assistants are amended to more clearly delineate the role of each level of practitioner. The term “nonlicensed” personnel is changed to “support” personnel, and it is required that such persons only be assigned routine assigned tasks that do not require professional discretion or judgment. It is also stated who can provide supervision to a PT or PTA student in training through an approved program.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and
- 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

Advantages to the licensees:

To the extent amended rules on practice and supervision are more precisely stated and more consistent with current standard of care, there may be fewer incidents when licensees have failed to adhere to the standards. Physical therapist assistants can sometimes be placed in a tenuous position by being expected to perform certain functions and assume responsibilities beyond their training and scope of practice. With clearer delineation of the responsibilities of the physical therapist, the assistant will better be able to understand and communicate what his role should be vis-à-vis the treatment of a patient. Licensees who are actively working in the physical therapy field, in an educational, supervisory, administrative or consultant role, will be able to count those activities in order to meet the 160-hour per biennium required for renewal of an active license.

Disadvantages to the licensees:

There are no disadvantages to licensees. There are no new requirements nor has the scope of practice of any licensee been limited in any way. Regulations on practice and supervision are clarifying and consistent with the current expectation and interpretations of the Board and national standards in the field of physical therapy.

Advantages or disadvantages to the public:

There are no disadvantages to the public, but persons receiving physical therapy interventions will be better served by more specifically stated rules on role delineation and supervision. There may be a better understanding by the physical therapist of his responsibility for the ongoing care of the patient, not only for the initial and discharge evaluations. Amended rules on licensure may eliminate some barriers to applicants and result in a very modest increase in access to care.

Advantages or disadvantages to governmental agencies:

There are no advantages or disadvantages to any governmental agency.

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar’s office, please put an asterisk next to any substantive changes.

Section number	Requirement at proposed stage	What has changed	Rationale for change
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60	Added the scale score of 600 as the standard for passage of the national examination	Removed the reference to a scale score and returned the regulation to current language	Response to public comment about the scale score of 600, given the higher percentage of failures of the recent examination. The Federation of State Boards of Physical Therapy is studying the appropriateness of the scale score, so the Board needs to retain the flexibility to adjust the score prescribed, based on recommendations of the Federation.
65	Requirement for licensure by endorsement includes at least 320 hours of active practice within the past four years.	Requirement changed to 160 hours within the past two years.	Response to comment from Office of the Attorney General that the requirement was not consistent with the hours required for renewal of an active license in Virginia. The Board agreed that the requirement should not be more or less restrictive for applicants who have been practicing in other states than it is for active license holders in Virginia.
90 A 1	Requirement for an initial evaluation and periodic reevaluation of patient by physical therapist.	Periodic evaluations are still required, but language is now included in 90 A 2.	Change is in response to comments about 90 A 2 (see below)
90 A 2	Requirement for an evaluation prior to discharge of the patient to be made at the time of discharge	Requirement for periodic evaluations prior to patient discharge	Response to public comment about the difficulty for PT's working in acute care settings and school systems to perform a final evaluation at the time of discharge. The amended language will clarify that it is the PT's responsibility to be responsible and involved through the continuum of patient care prior to patient discharge from physical therapy.
90 B	Requirement for the PT to communicate the plan of care to the patient, as well as the referring practitioner	Added "or his legally authorized representative" to the requirement for communicating the overall plan of care to the patient	Response to public comment that the PT must sometimes communicate with a legally authorized representative instead of the patient, if the patient is a minor child or an adult who is physically or mentally incapable of understanding information about

90 D	Requirement for the patient visits by a PTA to be made under general supervision	Changes the “shall” to “may” so the visit can be under general or direct supervision, as appropriate.	the plan of care The change clarifies that visits by a PTA to a patient could be under direct supervision but may be under general supervision.
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Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.

Amended regulations pursuant to a periodic review were published in the Virginia Register of Regulations on February 10, 2004. Public comment was requested for a 60-day period ending April 10, 2004. During that period, the following comments were received:

- Thirteen (13) persons objected to changes in section 90, which sets out the responsibilities of the physical therapist to the patient. In that section, proposed language would require the PT to perform “an evaluation prior to discharge of the patient, including documentation of the patient’s response to therapeutic intervention at the time of discharge.” The commenters felt that requirement was particularly burdensome in acute care settings where the patient is often discharged from the health care facility without the knowledge of the PT and without an opportunity for a final evaluation. It was also opposed by commenters from school systems, where the decision to discharge a student from physical therapy services is made by the IEP team and is not the responsibility of the individual physical therapist. One commenter stated that the regulation was not enforceable or practical in a clinical practice.

Board response: *The Board has amended section 90 A to clarify that the physical therapist is responsible for the initial evaluation and for periodic evaluations of a patient through the continuum of care until discharge from physical therapy. The amended language deletes the requirement for a final evaluation at the time of discharge.*

- One person recommended that the language be amended to require the physical therapist to provide a “complete discharge plan.”

Board response: *The Board determined that the amendments to section 90 would clarify the responsibility of the physical therapist for evaluations prior to discharge.*

- One person commented that the proposed changes reflect the professionalism of physical therapy and that persons in professions other than physical therapy should not be able to supervise physical therapy assistants.

Board response: *Section 54.1-3482 of the Code of Virginia states that a physical therapist assistant can only work under the direction and control of a licensed physical therapist.*

- One person supported the change in the requirement for active practice from 320 hours every 4 years to 160 hours in the 24-months preceding biennial renewal. The commenter encouraged the board to further revise the requirement to 160 hours per calendar year or less than 16 hours per month, as it is difficult to remain proficient if practicing less than that.
- Four persons opposed the change to 160 hours in 24 months, as it would not allow a physical therapist to become “inactive” and then re-enter the workforce. Under the current regulation, someone could remain inactive for 68 months without having to do a traineeship; under the proposed regulation, that time would be reduced to 46 months.

Board response: *The Board considered the comments, both positive and negative, and voted to retain the proposed requirement of 160 hours in the most recent 24 months prior to renewal. The current requirement allows a PT to go over five years without any work experience in physical therapy, so the Board believes the requirement for some active practice every two years is better assurance of competency in practice and better for patient safety.*

- Four persons requested that the requirement for the physical therapist to communicate the overall plan of care to the patient be amended to alternatively include a person’s legally authorized representative, if the patient is unable to communicate for mental or physical reasons.

Board response: *The Board has amended section 90 B accordingly.*

- One person commented that the definition of direct supervision is inconsistent with the American Physical Therapy Association, which references supervision of “aides.” The board’s definition includes more than aides, such as physical therapy students.

Board response: *Virginia does not regulate or recognize “physical therapy aides” so they are not specifically included. Section 100D includes a requirement for direct supervision of physical therapy students.*

- One person recommended that the regulation be written gender-neutral.

Board response: *In the Code of Virginia and the Administrative Code (regulations), the pronouns “he or his” are considered to be gender-neutral.*

A Public Hearing before the Board was held on February 17, 2004, at which time there was no public comment on proposed regulations. Another hearing was held in Williamsburg on March 26, 2004 at which time several individuals sought information about the regulatory changes, an explanation for why certain changes were proposed and interpretations of requirements related to endorsement, reinstatement, examination, supervision and traineeships. Specific comments on the proposed regulations were as follows:

Eight physical therapists expressed concerns about the proposed change that would require the PT to perform an evaluation before a patient is discharged. Such a requirement would be problematic in an acute care or school setting.

Board response: *The Board has amended section 90 A to clarify that the physical therapist is responsible for the initial evaluation and for periodic evaluations of a patient through the continuum of care until discharge from physical therapy. The amended language deletes the requirement for a final evaluation at the time of discharge.*

One person asked about the examination requirement in section 60 and expressed the need to lower the passing rate below 600.

Board response: *The Board has removed the scale score of 600 and returned the language on passage of the examination to the current language “as prescribed by the board.”*

All changes made in this regulatory action

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail new provisions and/or all changes to existing sections.

The amended sections are as follows:

18 VAC 112-20-10. Definitions.

Any term already defined in the Code is deleted in the regulations and reference is made to “the words and terms defined in § 54.1-3473.” In addition, the following changes are proposed:

- A new definition of “*active practice*” is needed to explain types of professional practice that would be counted to include supervisory, educational or administrative responsibilities in the practice of physical therapy. The required hours of practice within the two-year time period are not new requirements but restatements of the current language in the renewal section.
- The definition of “*direct supervision*” is revised to clarify that the supervising PT or PTA must be “physically present” rather than telephonically and that he must also be immediately available. Since physical therapist assistants are also able to supervise the activities of unlicensed support personnel, they are added to the definition. As the term is used in the regulation, it is clearly stated whether the PT or both the PT and the PTA are responsible for the direct supervision of physical therapy tasks and activities. This definition is similar to the definition for “on-site supervision” in the Model Practice Act of the Federation of State Boards of Physical Therapy.
- The definition of “*evaluation*” is amended to update the term in its full range of responsibilities. Since an evaluation is the sole responsibility of the PT and cannot be delegated, it is necessary to clarify what that entails. Again, the language is similar to the description of evaluation found in the Model Practice Act.
- A new definition of “national examination” is included, so the term can be generically used in the regulation. The examination of the Federation of State Boards of Physical Therapy is currently the national examination recognized by the Board for licensure.
- The term “nonlicensed” has been changed to “support” personnel to designate those persons

who are not licensed to perform functions that fall within the statutory definition of the practice of physical therapy. In many states and in the Model Practice Act, those persons are recognized as physical therapy aides, but there is no such category of regulated persons in Virginia. Allowing support personnel to perform “patient care functions,” as the current definition states, implies that they can engage in some aspect of the practice of physical therapy and has been confusing to licensees. The proposed definition makes it clear that their practice may include “designated routine tasks related to physical therapy.”

- The definition of a “foreign educated trainee” is amended to clarify that those persons have been educated outside of the United States in a non-approved program. Some persons are educated in a foreign country in an approved program, so the definition is not accurate.
- The definition of an “unlicensed graduate trainee” is amended to clarify that the licensure examination referenced is the “national examination.”
- In the definition of “traineeship,” the term “full-time activity” is deleted and replaced with “active clinical practice,” which is more definitive of the purpose of a traineeship. There was confusion about the meaning of “full-time” and “activity”.
- A definition for the “test of spoken English” is added for the term “TSE.”
- In the definition of “type 2,” the second sentence is deleted as it is descriptive but not definitive.

18 VAC 112-20-20. The reference to Public Participation Guidelines of the Board is deleted as unnecessary. It was included in the physical therapy regulations when the profession was regulated under the Board of Medicine, which has multiple sets of regulations.

18 VAC 112-20-40. Educational requirements; graduates of approved programs.

- The amendment to subsection A is grammatical and not substantive.
- In subsection B, the Board has added a requirement for TSE (Test of Spoken English) for graduates of approved schools located outside the United States or Canada. Foreign graduates, who must be certified by the FCCPT, are required to have both TOEFL and TSE, and the intent is the same for all such applicants – that they have the English language skills to effectively communicate with patients in Virginia. A graduate of an approved program outside the U.S. may have the test waived if he can provide other evidence of English proficiency, such as a letter from his school that classes were taught in English.

18 VAC 112-20-50. Education requirements; graduates of schools not approved by an accrediting agency approved by the board.

- In subsection A, there is a clarification that the documentation of certification needed is in the form of a report from the FCCPT (Foreign Credentialing Commission on Physical Therapy).
- Amendments to subsection B: 1) add a requirement for TSE for physical therapist assistants trained in foreign countries (already required by FCCPT for PT’s) and 2) delete the specific requirements for general and professional education. In lieu of the 65 hours currently required, the scholastic credential service will have to verify that the applicant has the equivalency of an approved PTA program.

- Amendments to subsection C are clarifying; there are no substantive changes. The requirement for a “progress report” is amended to require a clinical performance instrument, which is currently used by the board to evaluate the work of a trainee. It is a standardized format provided by the American Physical Therapy Association.

18 VAC 112-20-60. Requirements for licensure by examination.

For clarity and ease of compliance, the requirements for licensure by examination and licensure by endorsement have been separated into two sections.

Currently, an applicant who has failed the examination six times is denied licensure (subsection B of section 65). The proposed amendment would remove the absolute prohibition on licensing such a person but adds a requirement for some remediation for a person who has failed three times. After three failures, the applicant would have to apply to the board to sit for a subsequent examination and provide documentation of clinical training or course work in the deficiency areas.

18 VAC 112-20-65. Requirements for licensure by endorsement.

Requirements that are currently stated in section 80 have been moved to section 65, so that the two avenues to licensure – examination and endorsement are sequential in this regulation. The amended regulation would require the applicant to hold a current, unrestricted license in another jurisdiction. Rather than passage of the national examination, the amended requirements would allow an applicant from another state to provide documentation of passage of an examination equivalent to that required in Virginia at the time of initial licensure or if the examinations were not identical, the applicant could be licensed by documentation of passage of the examination required by his state of initial licensure and active practice with an unrestricted license for at least seven years prior to applying for licensure in Virginia.

18 VAC 112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination. Changes are editorial and intended to use the term defined in section 10.

18 VAC 112-20-80. Provisions for licensure by endorsement are repealed in this section and included in section 65.

Part III. Practice Requirements. This part of the regulation has been reorganized to set forth the General responsibilities, the Supervisory responsibilities, and the Responsibilities to patients for both physical therapists and assistants.

18 VAC 112-20-90. General responsibilities.

The current requirement to evaluate the patient, document treatment, and communicate the plan of care to the referring doctor has been included in this section and expanded to more fully describe the appropriate role of the PT and the PTA. In the amended language, it is affirmatively stated that the physical therapist is responsible for managing all aspects of patient care. As a part of that responsibility, he must conduct the initial evaluation and periodic evaluations prior to

discharge and document all evaluations in the patient chart. In addition to communicating the overall plan of care to the referring practitioner (including nurse practitioners and physician assistants), he is responsible for communicating the plan to the patient or his legally authorized representative.

The physical therapy assistant can assist in various components of physical therapy care but cannot perform a patient evaluation, which includes development of a plan of treatment interventions. All PTA visits to a patient must be under general supervision, as currently stated in section 120 of these regulations.

18 VAC 112-20-100. Supervisory responsibilities.

Subsection A is amended to add the word “fully” to the responsibility of the PT for any person performing physical therapy functions under his supervision or direction.

Subsection B is amended to clarify that support personnel can perform only routine assigned tasks that are nondiscretionary and do not require the exercise of professional judgment. All such tasks must be under the direct supervision of the PT or PTA.

Subsection C is deleted as unnecessary duplication of language in section 120.

Subsection D (now C) is amended for editorial purposes.

Subsection D is added to clarify that a PT student in an approved educational program must have direct supervision by a physical therapist, and a PTA student must have direct supervision by a physical therapist or a physical therapist assistant.

18 VAC 112-20-110. This section is repealed and the general responsibilities of physical therapist assistants set out in section 90.

18 VAC 112-20-120. Responsibilities to patients.

An amendment will clearly state that it is the responsibility of the PT or the PTA who is providing the care to document the interventions used in the patient’s record. There is also a clarification that the PT must reevaluate a patient *as needed*, but not less than within a prescribed time period and that means once every seven days (rather than once a week) for hospital inpatients. Language was also added to specify that it is the PT’s responsibility to have *ongoing involvement* in the care of a patient, including regular communication with the PTA on the patient’s plan of treatment.

18 VAC 112-20-130. Biennial renewal of license.

Since licenses are renewed every two years, it is confusing to licensees who are required to have 320 hours within a four-year period in order to renew their license. The board determined that it would be clearer to state the requirement as 160 hours of active practice in two years, which is defined as the 24 months immediately preceding renewal.

Please assess the impact of the proposed regulatory action on the institution of the family and family stability.

In its analysis of the final regulatory action, the agency has determined that there is no potential impact on the institution of the family and family stability.